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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/784,199		Filing Date 02/24/2004		To be Mailed
	AF	PPLICATION A		OTHER THAN SMALL ENTITY OR SMALL ENTITY							
FOR			(Column 1) NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE		N/A	LED NO.	N/A		N/A	(4)	1.	N/A	
┢	(37 CFR 1.16(a), (b), o	or (c))	N//A		NI/A		N1/A		1	N/A	
片	(37 CFR 1.16(k), (i), c		N/A		N/A		. N/A		1		
70	EXAMINATION FE (37 CFR 1.16(o), (p), (N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =				x \$ =			x \$ _ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$2 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar		plication size fee due entity) for each fraction thereof. See					·	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	02/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR	• 10	Minus	 20	= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	···3	= 0		x \$ =		OR	X \$200=	0
ME	Application Size Fee (37 CFR 1.16(s))										
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
	6/15/09	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ξ	Total (37/CFR 1.16(i))	. 18	Minus	~20	^		x * =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1.16(h))	. 2	Minus	3	<u></u>]	x \$ =		OR	x \$ =	
N N	Application Size Fee (37 CFR 1.16(s))								}		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR	ı	/
1,6,							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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